

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4241AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2009
NAME OF PROVIDER OR SUPPLIER SUMMERDALE AT RIATA		STREET ADDRESS, CITY, STATE, ZIP CODE 14315 RIATA CIRCLE RENO, NV 89521		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 2/9/09 and completed on 2/10/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 2/9/09, the facility</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 failed to ensure that 1 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1) for the protection of 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6). Severity: 2 Scope: 3	Y 103			
Y 254 SS=F	449.217(5) Storage of Food-No chemicals, detergents NAC 449.217 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. This Regulation is not met as evidenced by: Based on observation and interview on 2/9/09, the facility did not ensure that food (rice) was stored separately from soap/detergents under the kitchen sink possibly contaminating food consumed by 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6). Severity: 2 Scope: 3	Y 254			
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.	Y 444			

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Y 444	Continued From page 2 This Regulation is not met as evidenced by: Based on record review on 2/9/09, the facility did not ensure smoke detectors were tested 5 out of the past 12 months (September, October, November and December of 2008 and January of 2009). The facility also did not maintain 2 of 2 battery operated smoke detectors in working order (Master bedroom and hallway to bedrooms). Severity: 2 Scope: 3	Y 444			
Y 450 SS=D	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by: Based on record review on 2/9/09, the facility did not ensure that 1 of 3 caregivers was re-certified to perform first aid and cardiopulmonary resuscitation (CPR) as required to provide those services if needed to the residents of the facility	Y 450			

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Y 450	Continued From page 3 (Employee #2). Severity: 2 Scope: 1	Y 450			
Y 898 SS=B	<p>449.2744(1)(b)(4) Medication / MAR</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 2/9/09, the facility failed to ensure the medication administration records (MAR) were accurate, reflecting the current prescriptions for 3 of 6 residents in the facility (Resident #1, #3 and #4).</p> <p>Severity: 1 Scope: 2</p>	Y 898			

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